

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-004822

STATE FILE NUMBER

AMENDED

Registration District No. 317

Primary Registration District No. 590

Registrar's No. 20

FILED JAN 10 1962

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived.. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Berkley</b>		c. CITY OR TOWN <b>Berkley</b>	
Length of stay in 1b <b>Life</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>9119 Stansberry Ave.</b>		d. STREET ADDRESS (If outside, give location) <b>9119 Stansberry Ave.</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>Francis</b> Last <b>Blake</b>		4. DATE OF DEATH Month <b>January</b> Day <b>1st.</b> Year <b>1962</b>	
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6/21/1923</b>
9. AGE (last birthday) <b>38</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PHOTOGRAPHER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Kirkwood, Missouri</b>	
11. BIRTHPLACE (City and state or country) <b>U.S.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>	
13a. FATHER'S NAME <b>Milton Boehmer</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Mrs. Stella Blake</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> World War # <b>2</b>	
16. SOCIAL SECURITY NO. <b>World War # 2</b>		17. INFORMANT <b>Mrs. Stella Blake, 9119 Stansberry Ave.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardinal Colon</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Metastases in Liver</b> DUE TO (b) <b>2 Months</b> DUE TO (c) <b>2 Months</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 Months</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>4:01</b> a.m. Month, Day, Year <b>Jan 6/62</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>St. Louis, Missouri</b>	
20g. COUNTY		20h. STATE	
21. I attended the deceased from <b>July 10 - 6/1 to Jan 6/62</b> and last saw him alive on <b>Dec 31st 61</b> Death occurred at <b>4:01 am.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Francis J. Miller</b>		22b. ADDRESS <b>4114 W. Florissant</b>	
22c. DATE SIGNED <b>1/4/62</b>		22d. DATE SIGNED	
23a. BUREAU OF CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>1/4/1962</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		23d. LOCATION (City, town, or county) <b>St. Louis, Missouri</b>	
24. FUNERAL DIRECTOR <b>Arthur J. Donnelly</b>		25. DATE RECD. BY LOCAL REG. <b>JAN 2 1962</b>	
26. REGISTRAR'S SIGNATURE <b>John C. Murphy</b>		27. REGISTRAR'S SIGNATURE	


(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed



Licensed Embalmer No. 4699

P. O. Address 3840 Lindell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.